

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE			
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/						51					
2	/						52					
3	/						53					
4	/						54					
5	2						55					
6	2						56					
7	4						57					
8	4						58					
9	4						59					
10	4						60					
11	4						61					
12	4						62					
13	4						63					
14	/						64					
15	/						65					
16	/						66					
17	4						67					
18	3						68					
19							69					
20							70					
21							71					
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38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	7						TOTAL IND.					
TOTAL DEP.	39						TOTAL DEP.					
TOTAL CLAIMS	46						TOTAL CLAIMS					